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Bureau of Licensure and Certification

NAME OF PROVIDER OR SUPPLIER ADL HOME CARE, INC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES NVS5254PCA STREET ADDRESS, CITY, STATE, ZIP CODE 5028 ALTA DR LAS VEGAS, NV 89107 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
ADL HOME CARE, INC CX4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	NVS5254PCA				B. WING		08/14/2008	
ADL HOME CARE, INC (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PO00 Initial Comments This findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the initial State Licensure survey conducted in your agency on August 14, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.	NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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Section 16. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (c) Documentation that the attendant has had the tests or obtained the certificates required by NAC 441A.375. Based on record review on 8/14/08, the agency did not ensure physician statements were completed for 11 of 13 attendants. Findings include: Files for Employees #1, #2, #3, #4, #5, #6, #8, #9, #10, #11, and #13 did not contain a copy of a physical examination or a certification from a licensed physician that the employee was in a state of good health, was free from active tuberculosis and any other communicable disease in a contagious stage. Section 16. A separate personnel file must be	P 000	Initial Comments This findings and conclusions of any investigate by the Health Division shall not be construed prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal state or local laws. This Statement of Deficiencies was generated a result of the initial State Licensure survey conducted in your agency on August 14, 2008. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The following deficiencies were identified: Section 16. A separate personnel file must be kept for each attendant of an agency and must include, without limitation: (c) Documentation that the attendant has had tests or obtained the certificates required by N 441A.375. Based on record review on 8/14/08, the agency did not ensure physician statements were completed for 11 of 13 attendants. Findings include: Files for Employees #1, #2, #3, #4, #5, #6, #8 #9, #10, #11, and #13 did not contain a copy physical examination or a certification from a licensed physician that the employee was in a state of good health, was free from active tuberculosis and any other communicable disease in a contagious stage.		d as s, ral, ed as las las las las las las las las las	P 000			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Employee files were reviewed. None of the files contained documentation the attendants understood the provisions of this chapter and

The administrator stated that she provided each attendant with a copy of the provisions. She planned to have each attendant sign a statement

chapter 449 of NRS.

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telephone call.

Findings include:

Based on record review on 8/14/08, 15 of 15 client files did not contain the required documentation of a supervisory contact.

Fifteen client files were reviewed and all fifteen

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training program must include an opportunity for the attendant to receive on-the-job instruction provided by clients of the agency, as long as the administrator of the agency or his designee provides supervision during this instruction to determine whether the attendant is able to provide personal care services successfully and

independently to the client.

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FORM APPROVED Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS5254PCA 08/14/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **5028 ALTA DR** ADL HOME CARE, INC LAS VEGAS. NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 000 P 000 Continued From page 4 Based on review of personnel records and interview on 8/14/08, the agency failed to ensure that 9 of 13 employees were trained as required. Findings include: Employee #2: The record did not reflect evidence of training on the topics of confidentiality, the special needs of the elderly, what to do in case of emergencies or in response to adverse behaviors, nutrition and dehydration, bowel and bladder care, skin care, hand washing and infection control, body mechanics, and maintaining a clean and safe environment. Employee #4: The record did not reflect evidence of training on the topics of communication skills, bowel and bladder care, skin care, hand washing and infection control, and maintaining a clean and safe environment. Employee #5: The record did not reflect evidence of training on the topics of confidentiality, the special needs of the elderly, what to do in case of emergencies or in response to adverse behaviors, nutrition and dehydration, bowel and bladder care, skin care, hand washing and infection control, body mechanics, and maintaining a clean and safe environment. Employee #6: The record did not reflect evidence of what to do in case of emergencies or in response to adverse behaviors, skin care, hand washing and infection control, body mechanics, and maintaining a clean and safe environment.

Employee #7: The record did not reflect evidence of training on the topics of communication skills. nutrition and hydration, bowel and bladder care,

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specific topics or did not include the required

by an agency, the agency shall:

Sec. 20. 1. When a person is accepted as a client

topics.

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the agency, including, without limitation:

(a) A statement which is easily understandable to the client indicating that it is not within the scope of the license of the agency to manage the

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rights of the clients of the agency.

speaking with an advocate.

Findings include:

Based on record review on 8/14/08, the

administrator did not ensure that 15 of 15 clients were informed that they were not prohibited from

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provided and copy of the service plan in the files

of Clients #6, #7, #8, #9, #10 and #13.

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received the telephone number of the Bureau to register a complaint or were informed that the Health Division may examine their records. The agency failed to inform 15 of 15 clients of their ability to make reasonable requests and to receive information regarding policies and

procedures

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3. The agency shall complete the following tasks

services outlined in the service plan established for the client and as often as necessary if the

(b) Review the service plan with the client, including, without limitation, the schedule for the

before providing the personal care

service plan is revised:

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(i) Performing a digital rectal examination;

range of motion of a client;

(I) Providing specialized services to increase the

Based on record review on 8/14/08, the agency

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